

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO. | DATE    |
|---------------------------|-----------|--------|---------|
| FEE DETERMINATION         | 5 USU ITS |        | 02-15-0 |
| O.I.P.E. CLASSIFIER       |           |        |         |
| FORMALITY REVIEW          | ym        | 657    | 3/12/01 |
| RESPONSE FORMALITY REVIEW |           |        |         |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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